



TOWN OF ISLIP
OFFICE OF THE TOWN CLERK

REGINA V. DUFFY
TOWN CLERK & REGISTRAR

Dog License Application

Owner Identification: (Any person who harbors or keeps the dog)

Name of owner: _____ Phone: _____

Address: _____
Street City State/Zip

Dog Identification:

Dog's Name: _____ Breed: _____

Primary Color: _____ Secondary Color: _____

Birth year: _____ Sex: male female

****FOR OFFICE USE ONLY****

License Tag No: _____ Issue Date: _____ Expiration Date: _____

Vaccinated: _____ # Yrs: _____ Expiration Date: _____ Manufacturer: _____ Serial No: _____

Veterinarian: _____

Type of License:

Spayed/Neutered:.....\$6.00
Unspayed/Unneutered 4 months and over:.....\$13.00
Unspayed/Unneutered under 4 months:\$10.00
Exempt Dogs: NO FEE
(Guide dogs, police, detection, working search, hearing and service)

Signature of owner: _____ Date: _____

Signature of clerk: _____ Date: _____

Note: Return this form with a check or money order payable to the Islip Town Clerk.